

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 529644	RECEIPT DATE:	04 / 17 / 00
IA NUMBER:	PCT/ EP98 / 06139	IA FILING DATE:	09 / 26 / 98
FAMILY NAME:	SCHWENK	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	JOERG	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 17 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	2345/122	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
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CITY: NEW YORK

STATE/COUNTRY: NY ZIP: 10004

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APPLICATION TITLES:

METHOD AND DEVICE FOR RELAYING SPECIFIC DATA, ESPECIALLY RECEIVING RIG
HTS, TO A PAY TELEVISION TERMINAL

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 8596

SERIAL NUMBER 09/529,644	FILING DATE 04/17/2000 RULE	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. 2345/122	
APPLICANTS JOERG SCHWENK, DIEBURG, GERMANY; STEFAN HEUSER, MESSEL, GERMANY; CHRISTOPH SCHAAF, DARMSTADT, GERMANY; JOACHIM FINGERHOLZ, DARMSTADT, GERMANY;					
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP98/06139 09/26/1998					
** FOREIGN APPLICATIONS ***** GERMANY 197 45 969.2 10/17/1997					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/26/2000					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>MRO</i> Examiner's Signature Initials		STATE OR COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
ADDRESS 26646					
TITLE METHOD AND DEVICE FOR RELAYING SPECIFIC DATA, ESPECIALLY RECEIVING RIGHTS, TO A PAY TELEVISION TERMINAL					
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		